



12-22-05

NSI.6931

RCF  
JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Ruth E. Shefer                      GROUP: 2882  
SERIAL NO: 10/659,065                      EXAMINER: Hoon K Song  
FILED: September 10, 2003  
FOR: X-RAY DETECTOR FOR FEEDBACK  
STABILIZATION OF AN X-RAY TUBE

Mail Stop RCE  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

This is a request for Continued Examination (CE) under 37 C.F.R. §1.114 of the above-identified application.

1. Submission required under 37 C.F.R. §1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on November 30, 2005  
        (Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- iii. ☐ Other \_\_\_\_\_
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other \_\_\_\_\_

**CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10**

I hereby certify that this Request for Continued Examination (RCE) Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on December 21, 2005 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EV746823815US addressed to the: Mail Stop RCE, Commissioner of Patents, Alexandria, VA 22313-1450

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Meghan H. Carr

2. Miscellaneous

- a. ☐ Suspension of action of the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required)
- b. ☐ Other \_\_\_\_\_


3. Fees The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.

- a. ☒ RCE fee required under 37 C.F.R. §1.17(e)
- b. ☐ Extension of time fee (37 C.F.R. §§1.136 and 1.17)
- c. ☐ Other \_\_\_\_\_

4. Fee Payment

- a. ☐ Check in the amount of \$\_\_\_\_\_ is enclosed.
- b. ☒ The Director is hereby authorized to charge the above fees, or credit any overpayments to Deposit Account No. 19-0079.

Respectfully submitted,

  
\_\_\_\_\_  
William E. Hilton  
Registration No. 35,192  
Gauthier & Connors LLP  
225 Franklin Street, Suite 2300  
Boston, Massachusetts 02110  
Telephone: (617) 426-9180  
Extension: 111